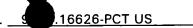


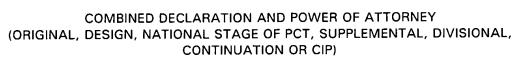
Attorney Docket No. 9261.16626-PCT US

Applic Serial	ant or Patentee: Walid N. Abo	oul-Hosn et al.
Filed o	or Issued:	
For:	Intravascular Cannulation Appa	aratus and Methods of Use
		ENT (DECLARATION) CLAIMING SMALL ENTITY 1.9(F) and 1.27(c) - SMALL BUSINESS CONCERN
I hereb	by declare that I am	
	<b>—</b>	business concern identified below:  ll business concern empowered to act on behalf of the ow:
	NAME OF CONCERN	A-MED SYSTEMS, INC.
	ADDRESS OF CONCERN	2491 BOATMAN AVENUE
		WEST SACRAMENTO, CALIFORNIA 95961
13 CFI (b) of 2 does no is the a tempor either, control	R 121.3-18, and reproduced in 37 Fitle 35, United States Code, in the ot exceed 500 persons. For purposaverage over the previous fiscal yeary basis during each of the pay p directly or indirectly, one concerns or has the power to control both	t or law have been conveyed, to and remain with the small business concern
		NNULATION APPARATUS AND METHODS OF USE
by inve	entor(s) Walid N. Aboul-Hosn	and William R. Kanz
describ	ped in	
	x application ser	on filed herewith. rial no. PCT/US99/19537, filed 27 August 1999, issued
organiz other tl	zation having rights to the invention han the inventor, who could not quould not qualify as a small busing	d small business concern are not exclusive, each individual, concern ore on is listed below and no rights to the invention are held by any person, ualify as a small business concern under 37 CFR 1.9(d) or by any concern ess concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

	_	09/763911
NAME_ ADDRESS:		J Rec'd PCT/PTO 2 7 FEB 2001
[] INDIVIDUAL	[] SMALL BUSINESS CONCERN	[] NonProfit Organization
NAME		
ADDRESS		
[] INDIVIDUAL	[] SMALL BUSINESS CONCERN	[] NonProfit Organization
entitlement to small entity s	tatus prior to paying, or at the time of	on of any change in status resulting in loss of f paying, the earliest of the issue fee or any ess entity is no longer appropriate. (37 CFR
information and belief are be willful false statements and t of Title 18 of the United St	lieved to be true; and further that these s he like so made are punishable by fine o	dge are true and that all statements made on tatements were made with the knowledge that imprisonment, or both, under Section 1001 tatements may jeopardize the validity of the erified statement is directed.
NAME OF PERSON SIGNI	NG DAVID ROSA	•
TITLE OF PERSON OTHER		President
ADDRESS OF PERSON SIG		
	West Sacramento	o, California 95961 US
SIGNATURE	Date	-/23/01





Asal	elov	v na	ame	d inventor, I hereby declare that:
				TYPE OF DECLARATION
This c	lecla	rati	on is	of the following type: (check one applicable item below)
9	[	] (	rigir	al
	[	] (	desig	n
	[	] s	supp	emental
NOTE:	lf t	he d	leclar tion d	ation is for an International Application being filed as a divisional, continuation or continuation-in-part o <u>not</u> check next item; check appropriate one of last three items.
	[ x	:]	natio	nal stage of PCT
NOTE:		ne o CIP		following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION
	[	) (	livisi	onal
	[	] (	onti	nuation
	[	] (	onti	nuation-in-part (CIP)
				INVENTORSHIP IDENTIFICATION
WARN	NG:		lf :	he inventors are each not the inventors of all the claims an explanation of the facts, including the nership of all the claims at the time the last claimed invention was made, should be submitted.
the o	rigina tor (i	al, t f plu	first ural r	t office address and citizenship are as stated below next to my name. I believe I am and sole inventor (if only one name is listed below) or an original, first and joint names are listed below) of the subject matter which is claimed and for which a patent nvention entitled:
				TITLE OF INVENTION
				INTRAVASCULAR CANNULATION APPARATUS AND METHODS
the s	ecif	icat	ion (	SPECIFICATION IDENTIFICATION  of which: (complete (a), (b) or (c))
	(a)	[	]	is attached hereto.
	(b)	[	1	was filed on as [ ] Serial No. 09/ or [ ] Express Mail No., as Serial No. not yet known and was amended on(if applicable).
	date i papei	by b	eing i , in tl	led after the original papers are deposited with the PTO which contain new matter are not accorded a filing eferred to in the declaration. Accordingly, the amendments involved are those filed with the application is ecase of a supplemental declaration, are those amendments claiming matter not encompassed in the ent of invention or claims. See 37 CFR 1.67.
	(c)	[ ;	x ]	was described and claimed in PCT International Application No. PCT/US99/19537 filed on 27 August 1999 and as amended under PCT Article 19 on

### ACKNOWLED AT OF REVIEW OF PAPERS AND LOY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

[ ] In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

### PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

#### (complete (d) or (e))

- (d) [x] no such applications have been filed.
- (e) [ ] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN
12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS
APPLICATION AND ANY PRIORITY CLAIMS UNDER
35 U.S.C. S 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119	
			[ ] YES	NO [ ]
			[ ] YES	NO [ ]
			[ ] YES	NO [ ]
			[ ] YES	NO [ ]
			[ ] YES	NO [ ]

## ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

#### **POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Daniel D. Ryan (29,243) Joseph A. Kromholz (34,204) John M. Manion (38,957) Arnold J. Ericsen (16,879)

Allan O. Maki (20,623)
Patricia Jones (46,318)
Daniel R. Johnson (46,204)
Laura A. Dable (46,436)

(check the following item, if applicable)

[ ] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Daniel D. Ryan

RYAN KROMHOLZ & MANION, S.C.

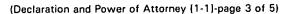
Post Office Box 26618

Milwaukee, Wisconsin 53226-0618

PHONE CALLS (262) 783 - 1300

#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



NOTE:

#### SIGNATURE(S)

Carefully indicate the family (or last) name as it should appear the filing receipt and all other documents.

Full name of sole or first inventor

WALID	N	ABOUL-HOSN
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature X	Wall Aborhan	
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	SACRAMENTO, CALIFORNIA	A 95834 US	
	· <u></u>		
F	important if any		
Full name of second joint	inventor, it any	KANZ	
WILLIAM (GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
Inventor's signature	156		
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Evil name of third joint in	ventor if any		
Full name of third joint in	ventor, if any		
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
Inventor's signature	•	TAMIET (OIT EAST TANKE)	
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Full name of fourth joint i	nventor, ir any		
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
	(MIDDE INTIAL OF MAINE)	· · · · · · · · · · · · · · · · · · ·	
	Country of Citizenship		
Fost Office Address			
Full name of fifth joint inv	ventor, if any		
120121111111111111111111111111111111111		54400 (00: 107:107)	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)	
Inventor's signature			
Date			
Residence			
Post Office Address			

# CHECK PROPER BY SES) FOR ANY OF THE FOLLOWING AND PAGE(S) WHICH

į	J	Signature for sixth and subsequent joint inventors. Number of pages added
		· * * *
[	1	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
		* * *
[	]	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
		* * *
[	)	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
		[ ] Number of pages added4_
		* * *
[	]	Authorization of attorney(s) to accept and follow instructions from representative
		* * *
		(If no further pages form a part of this declaration then end this declaration with this page and check the following item:)
		[ x ] This declaration ends with this page